Spring 2000

HeartMEMO

Federal Government Launches Healthy People 2010

NHLBI Unveils Heart Health Gateway

Amid a January snowstorm that brought the Nation's capital to a standstill, the Federal Government kicked off its effort to improve Americans' health in the new millennium.

Called Healthy People 2010, the document is the Government's blueprint for building a healthier country—and one without ethnic and racial disparities in the burden of disease. The report sets 467 objectives that cover 28 health areas, including heart disease and stroke, nutrition and overweight, and physical activity and fitness.

A key theme of the kickoff was a call for all Americans to get involved in the Healthy People effort, not just by adopting healthy behaviors themselves but also by participating in community and group action. As Surgeon General and Assistant Secretary for Health Dr. David Satcher said during the kickoff, "Healthy People isn't a project of Government. We are a part, but we must all do this together."

To get people involved, the U.S. Department of Health and Human Services (DHHS) has developed various means of communicating the Healthy People message in the coming year. At the center of the campaign are 10 newly created "leading health indicators," meant to serve as an easy-to-understand barometer of the Nation's health, just as the much-used economic indicators gauge the economy's health. Satcher told the group that the health indicators would soon begin making appearances in a series of public service announcements that feature entertainer Bill Cosby.

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NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

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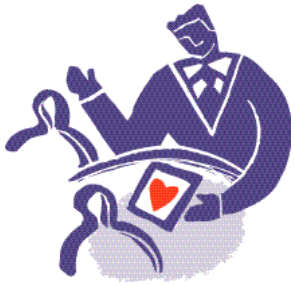

Letter From the Director

As the NHLBI advances its heart health agenda, described in the last issue of *HeartMemo*, it also is addressing themes and objectives of Healthy People 2010. These include eliminating disparities in health among population groups and closing knowledge gaps that lead to such disparities. To achieve such goals, the NHLBI is establishing new community partnerships and networks and using new ways of communicating with advanced electronic technologies, while continuing its support of CVD research.

For instance, in Jackson, Mississippi, the NHLBI, along with a number of partners, is supporting the Jackson Heart Study, which is examining prevalence of risk factors for CVD among an African American population that is suffering high rates of CVD. This study promises to reveal factors leading to those high rates and has the potential to suggest strategies that could one day eliminate this health disparity.

In another effort, the NHLBI is collaborating with the Association of Black Cardiologists (see last summer's issue of *HeartMemo*). The collaboration is helping to increase the practice skills of health professionals who provide care to African American patients.

The NHLBI's new Enhanced Dissemination and Utilization Centers (see the box on page 3) also aim to end disparities. The centers will employ state-of-the-art strategies to ensure that health information not only is made more readily available but also results in its utilization.

In these efforts, we are employing the latest electronic technologies. *HeartMemo* articles in past issues and this current issue describe the ongoing expansion of NHLBI Web capabilities, which are allowing more people more access to more information (see, for example, New at the NHLBI Information Center).

Translation of research results into lifestyle changes, public health interventions, and clinical practice remains a challenge. But it is a challenge we can and must overcome. Join with us in bringing better cardiovascular health to all Americans.

Claude Lenfant, M.D.
Director, NHLBI

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NHLBI Leads Heart and Stroke Effort

National Heart, Lung, and Blood Institute (NHLBI) staff gave various presentations during the Healthy People 2010 kickoff. The Institute, along with the Centers for Disease Control and Prevention, leads the Healthy People 2010 effort for heart disease and stroke. The objectives are given in the box on page 5.

Late last year, the NHLBI got a head start on those objectives by inaugurating its own "Cardiovascular Health For All" campaign (see *HeartMemo*, Summer 1999). As with the Healthy People effort, the NHLBI campaign sets two priorities—ending health disparities and utilizing health information better by reaching into communities with materials developed for their needs. The NHLBI's plans include funding a wide range of community-based performance projects, each with goals that will track progress. Among upcoming performance projects are the community-based enhanced dissemination and utilization centers, which will be set up in communities at high risk for cardiovascular disease (CVD).

"We're very serious about addressing these health objectives in a new way," explained Dr. Gregory Morosco, director of the NHLBI's Office of Prevention, Education, and Control. "We're determined to end disparities in health."

To speed dissemination of health information and materials, the NHLBI has created a "Healthy People 2010 Gateway," which can be reached through the NHLBI Internet home page at www.nhlbi.nih.gov. The Web site takes visitors to special sites for CVD, asthma, sleep, and minority populations. It also provides information about the Healthy People 2010 heart disease and stroke objectives, and what the Institute is doing to meet them. Further, the gateway offers a host of health information and education resources to help health professionals take action in their communities. For more information about the gateway, see the box on page 4.

The NHLBI debuted the new gateway at its conference exhibit at the Healthy People kickoff. "The exhibit drew a lot of interest," noted Morosco. "It has two computers and a big plasma screen that allow visitors to explore the wealth of information available through the gateway." Morosco added that the NHLBI plans to take the exhibit to other meetings in the coming year.

A Call To Get Involved

The NHLBI exhibit was one of 140 set up at the Omni Shoreham Hotel, site of the kickoff. The 5-day event, which began on January 24, also offered about 600 presentations—a mix of plenary and keynote speeches, poster presentations, and breakout sessions, which featured panel discussions. Some of these sessions are spotlighted in this issue of *HeartMemo*.

Despite the snowfall, the event drew about 1,600 attendees from the public and private sectors. They represented fields such as public health, health education, and technology. For those who couldn't get into the city, the sessions were broadcast over satellite and the Internet. Broadcasts of the sessions, along with the entire Healthy People document and related materials, are available online at www.health.gov.

The kickoff's official title was "Partnerships for Health in the New Millennium." The event represented a joint meeting of the Healthy People Consortium, a public-private alliance of national organizations and state agencies, and the Partnerships for Networked Consumer Health Information, which looks at the role of technology in health promotion and disease prevention.

Sponsors of the event included DHHS offices and agencies, and non-Federal groups, such as the Academy for Educational Development and the Annenberg Public Policy Center of the University of Pennsylvania.

The kickoff began with the U.S. Public Health Service Color Guard and the national anthem, after which DHHS Secretary Dr. Donna Shalala greeted the gathering. She called the event "historic" and pledged the Government's commitment to disease prevention and health promotion for all Americans.

She outlined the Government's two key Healthy People 2010 goals—increasing Americans' quality and years of healthy life, and not just their length of life, and being sure every American benefits from the effort.

"Reducing health disparities was part of Healthy People 2000," Shalala noted, referring to the last report.

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NHLBI To Fund CVD Centers

NHLBI will soon issue a call for applicants to help create its new Enhanced Dissemination and Utilization Centers (see *HeartMemo*, Summer 1999). The centers will be the first of a nationwide network and will aim to reduce CVD in high-risk communities. So, check the NHLBI Web site (www.nhlbisupport.com/educrfp) in late April. Information about the awards and how to apply will be posted there.

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"But Healthy People 2010 wants to achieve more. It seeks to eliminate health disparities. How will we do this? We won't set separate health goals for racial and ethnic minorities. Every American should achieve the best health possible."

She then introduced the Department's new leading health indicators, which are divided into two categories, lifestyle and health care systems. The lifestyle indicators are physical activity, overweight and obesity, tobacco use, substance abuse, and responsible sexual behavior. The health care systems indicators are mental health, injury and violence prevention, environmental quality, immunization, and access to health care.

The leading health indicators were designed to encourage state and community action. For instance, they can be used to profile a community's health and then set specific goals to improve it.

Shalala said that 46 states already had used the document to create their own goals, and she urged all Americans to join the Healthy People effort.

The box on page 19 offers tips on how to translate the Healthy People objectives into local efforts.

Healthy People 2010 is the third such report, and the next speaker, Dr. Julius Richmond, Assistant Secretary for Health and Surgeon General from 1977 to 1981, told the gathering how the first came to be created. That document set U.S. health goals for the decade ending in 1990.

Dr. Richmond explained that a transformation had occurred in Americans' health in the preceding decades. Seniors were living longer, and death rates for heart disease and stroke were falling. Those declines led him to conclude that Americans would act on information to adopt healthy behaviors. So the Government decided to issue a report that emphasized health promotion and disease prevention while setting long-term goals.

"We're now at the third report," Richmond said. "We have the resources to achieve the best health record of any nation in the world's history. Let's proceed to realize that goal."

Dr. Louis Sullivan, DHHS Secretary from 1989 to 1993 and now

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Enter NHLBI's Gateway to Health

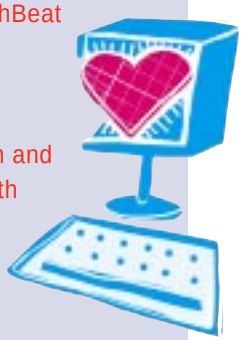
Healthy People 2010 sets new health objectives for the new millennium. NHLBI has created a new "Healthy People 2010 Gateway" to provide information about the objectives and the Institute's efforts to meet them.

But the gateway does much more. It offers quick access to special NHLBI Web sites on four key areas: CVD, sleep, asthma, and minority populations. Each site has a host of resources for health professionals and the public.

The gateway allows you to become NHLBI's partner in health by joining the Health Information Network. You'll get updates on activities of the national education programs and initiatives and notices of new information products, and you'll be able to share your ideas with other health professionals.

Enter the gateway and find:

- Materials from NHLBI's national education programs and initiatives, including public and patient information, medical education resources for health professionals, education materials for national high blood pressure and cholesterol education months, and descriptions of Institute performance projects
- News and features, including NHLBI news releases, *HeartMemo*, *AsthmaMemo*, and online access to the Institute's "HealthBeat Radio" news service
- Health resources developed specifically for minorities
- Special resources, such as CVD maps, which give health and demographic information for the Nation, states, and health service areas
- Information on upcoming conferences, meetings, and exhibits
- Distance learning opportunities, such as the National Conference on Cardiovascular Disease Prevention, held last year
- NHLBI Materials Catalog—an online version that allows you to browse by topic, material format, or audience and order items easily and quickly
- A hotlink to the DHHS Healthy People Web site



So before you start your Healthy People 2010 effort, check out the new NHLBI gateway. It's accessible through the NHLBI home page at www.nhlbi.nih.gov.

Healthy People 2010
Heart Disease and Stroke Objectives

Some of the following Healthy People 2010 objectives already have measures (so that baselines are shown); for the others, experts are developing measurement systems.

1. Reduce the death rate for coronary heart disease. Target: 166 deaths per 100,000 population. Baseline: 208 deaths per 100,000 population (age adjusted to 2000 standard population)
2. Increase the proportion of adults aged 20 and older who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 9-1-1.
3. Increase the proportion of eligible patients with heart attacks who receive artery-opening therapy within 1 hour of symptom onset.
4. Increase the proportion of adults aged 20 years and older who call 911 and administer CPR when they witness an out-of-hospital cardiac arrest.
5. Increase the proportion of persons with witnessed out-of-hospital cardiac arrest who receive their first therapeutic electric shock within 6 minutes after collapsed recognition.
6. Reduce hospitalizations of older adults with heart failure as the principal diagnosis.

Age group	Baseline	Target
	(rate per 1,000 population)	
65 to 74	13	6.5
75 to 84	27	13.5
85 and older	53	26.5

7. Reduce the death rate for stroke. Target: 48 deaths per 100,000 population. Baseline: 60 deaths per 100,000 in 1998 (age adjusted to the 2000 standard population).
8. Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a stroke.
9. Reduce the proportion of people with high blood pressure. Target: 16 percent of adults with high blood pressure. Baseline: 28 percent of adults aged 20 and over in 1988-94 (age adjusted to the 2000 standard population).
10. Increase the proportion of adults with high blood pressure whose blood pressure is under control. Target: 50 percent of adults aged 18 to 74. Baseline: 24 percent of adults aged 18 to 74 with high blood pressure under control in 1988-91.
11. Increase the proportion of adults with high blood pressure who are taking action (for example, losing weight, increasing physical activity, reducing sodium intake) to help control their blood pressure. Target: 95 percent of adults aged 18 and older with high blood pressure. Baseline: 72 percent of adults aged 18 and older with high blood pressure who were taking action to control it in 1998 (age adjusted to the 2000 standard population).
12. Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure is normal or high. Target: 95 percent of adults with high blood pressure measured in the past 2 years. Baseline: 90 percent of adults aged 18 and older in 1998 (age adjusted to the 2000 standard population).
13. Reduce the mean total cholesterol levels among adults aged 20 and older. Target: 197 mg/dL for adults 20 and older. Baseline: 206 mg/dL for adults aged 20 and older in 1988-94 (age adjusted to the 2000 standard population).
14. Reduce the proportion of adults aged 20 and older with high total blood cholesterol levels. Target: 16 percent of adults aged 20 and older. Baseline: 21 percent of adults aged 20 and older who had total blood cholesterol levels of 240 mg/dL or greater in 1988-94 (age adjusted to the 2000 standard population).
15. Increase the proportion of adults 18 and older who have had their blood cholesterol checked within the preceding 5 years. Target: 80 percent of adults aged 18 and older. Baseline: 68 percent of adults aged 18 and older in 1998 (age adjusted to 2000 standard population).
16. Increase the proportions of females and males with coronary heart disease who have their LDL-cholesterol level treated to less than or equal to 100 mg/dL.

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Building Partnerships for Health

Healthy People 2010 advocates forming partnerships as a key strategy for achieving the report's goals and objectives. Partnerships can take many forms. A key example is when public health professionals team up with businesses to undertake worksite health promotion programs. The following are resources for building such corporate partnerships:

- For nearly 10 years, the Partnership for Prevention, a nonprofit organization based in Washington, DC, has advanced the cause of health promotion among policymakers, corporations, and government. The group convened a Healthy People Business Advisory Council, which developed programs and tools that translate health promotion principles into business practices. The council's 21 members represent an alliance of large, small, and mid-sized companies dedicated to building healthy work forces. More information is available at www.prevent.org.
- The Wellness Councils of America, the oldest U.S. organization for health promotion at the worksite, provides products and services to help employers set up comprehensive health promotion programs. Check them out online at www.welcoa.org.
- The Institute for Health and Productivity Management develops evidence, measurement methods, and tools to support the value of investing in employee health. Information about their *1999 Handbook of Health Assessment Tools* and other resources is found at www.ihpm.org.

Getting Out the Word: Communicating About Health

Communicating effectively about health is critical to achieving Healthy People 2010 goals and objectives. But how do you turn health information into health news? And how do you convince the media that your news needs to be published or broadcast?

A Healthy People 2010 conference panel examined how public health practitioners can make health news by making their stories relevant to people's lives.

Panel chair George Strait, a former reporter with ABC News, said, "If you put out good information, and you do it in the right way, it really does connect with people." Public health professionals should remember that "the media play a major role in our society as brokers, mediators, and translators of health information." "Furthermore," added Strait, "surveys show that people trust the information they get from the media."

Sally Squires, health and medical reporter for The Washington Post, said the media is a partner in public health. She gave public health professionals some tips for working with the media:

- Health news must grab the reader's attention. A story must have impact, importance, and interest. Figure out your story's potential impact before you pitch it to a reporter.
- Keep in mind that your news competes with other news, and that available space and air time is shrinking. Condense your information.
- Consider enhancing a public health program by forming partnerships with the media. The media will be more inclined to cover it.
- Be creative in using the media. For instance, don't forget about Internet news services.
- Offer a variety of spokespersons to deliver your message.
- Put a face on your story. "Real people" add interest to a story and make it more appealing.

John Ford, President of Discovery Health Media Inc., called health news "one of the most important reporting genres." But, he added, "its complexity makes it one of the most difficult reporting jobs." Challenges for reporters are to deliver accurate information, to give it context and perspective, and not to make it too simple or too technical. Public health practitioners should expect to see more "media convergence"—that is, use of different media by a single news organization. For example, a television network will give a brief report of the story on the evening news, then provide more information on its Web site.

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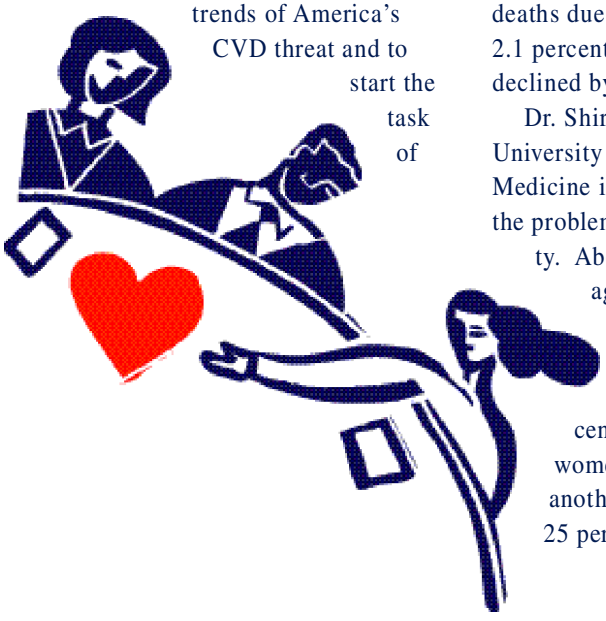
National Conference Explores CVD Trends

Despite dramatic progress against CVD in the past half century, challenges remain and new strategies are necessary to overcome problems such as increases in obesity and physical inactivity among Americans.

That was the story that unfolded at a recent conference held to explore trends in CVD and its risk factors. The transagency "National Conference on Cardiovascular Disease Prevention: Meeting Healthy People 2010 Objectives for Cardiovascular Health" was held at the request of Congress and drew more than 100 participants to Bethesda, Maryland, for a packed 3-day agenda. Even more participants tuned in to the conference via NIH Webcasting.

The conference was sponsored by the NHLBI in cooperation with the National Institute on Aging, the Centers for Disease Control and Prevention, and the Agency for Healthcare Research and Quality (formerly the Agency for Health Care Policy and Research).

The goal of the conference was to assess the magnitude and trends of America's CVD threat and to start the task of developing strategies to meet the health targets set in Healthy People 2010, the Government's blueprint for improving Americans' health (see the lead story in this issue of *HeartMemo*).



The CVD conference began with a stage-setting introduction from U.S. Surgeon General Dr. David Satcher. He told the group that big gains in life expectancy have been made during the past century, but much more needs to be done.

Dr. Satcher said that 15 to 20 percent of the Healthy People 2000 objectives have been met and another 60 percent are headed in the right direction. However, he noted, that leaves 20 percent unimproved.

Dr. Edward Sondik, director of the National Center for Health Statistics, gave an overview of the rates for CVD and its risk factors. Some rates have slowed their declines. For example, from 1970 to 1980, deaths due to stroke dropped by 20.3 percent and deaths due to coronary heart disease (CHD) dropped by 26.1 percent. However, from 1990 to 1997, deaths due to stroke declined by only 2.1 percent and deaths due to CHD declined by only 11.4 percent.

Dr. Shiriki Kumanyika, of the University of Pennsylvania School of Medicine in Philadelphia, illustrated the problem of overweight and obesity. About 15 percent of children ages 6 to 12 and about 12 percent of children ages 12 to 17 are obese. Among adults, 39 percent of men and 25 percent of women are overweight, and another 20 percent of men and 25 percent of women are obese.

Speakers warned that physical inactivity was increasing in prevalence among Americans, and smoking may no longer be declining. About 25 percent of American adults now smoke.

Dr. Christopher Sempos, of the NIH Office of Research on Minority Health, reported some good news. He said that considerable success has been made toward achieving the Healthy People 2000 goal for total cholesterol. Other heartening news was that public health education efforts have made many Americans aware of CVD risk factors, particularly those related to diet.

On the other hand, Dr. George Mensah, of the VA Medical Center in Atlanta, pointed to the increase in congestive heart failure (CHF), calling it the "final frontier." "It is the only CVD diagnosis that has seen an increase in deaths since about 1970," he said.

He added that although the causes of CHF are better known today, doctors are not prescribing the right drugs. For instance, studies show that angiotensin-converting enzyme (ACE) inhibitors improve quality of life and reduce CHF deaths by as much as 40 percent, but they are not being widely used.

Dr. Gerald O'Connor, of the Center for the Evaluative Clinical Sciences at Dartmouth Medical School in Hanover, New Hampshire, spoke of the need for better use of existing information. He said this problem has contributed to geographic disparities in how CVD treatments are used.

Participants offered many suggestions for improving CVD trends.

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The National High Blood Pressure Education Program

Systolic Pressure: A Paradigm Shift

Health professionals are experiencing a major shift in the way they rate the importance of systolic, diastolic, and pulse pressures.

Diastolic blood pressure (DBP), the measure of the force on the arteries between heartbeats, has long been thought to best identify a person's high blood pressure and generally has been used by clinicians to make treatment decisions. DBP is recorded as the second number in a blood pressure measurement; for example, in a blood pressure reading of 138/84, the DBP is 84.

Systolic blood pressure (SBP) has always been viewed as important, yet it has assumed a secondary role in most physicians' decision-making. Evidence from recent clinical trials and results from the NHLBI's Framingham Heart Study may be changing that. According to Dr. Daniel Levy, of the NHLBI, "SBP (alone) has been shown to better identify patients with high blood pressure, to more accurately classify blood pressure stages, and to better indicate the need for treatment." "However," he added, "using SBP and DBP together to make these assessments is still considered the best strategy."

Dr. Donald M. Lloyd-Jones and colleagues recently analyzed data on use of SBP and DBP in the Framingham Heart Study and found reason to suggest that future guidelines should consider a greater role for SBP rather than DBP in determining presence of hypertension, risk of cardiovascular events, eligibility for therapy, and benefits of treatment. The analysis was published in the September 1999 issue of *Hypertension* (Vol. 34, No. 3). The National High Blood Pressure Education Program (NHBPEP) Coordinating Committee has been discussing the predictive powers of systolic, diastolic, and pulse pressures for some time. (Pulse pressure, the difference between diastolic and systolic pressures, is obtained by subtracting the value of DBP from the value of SBP.)

Why is it important to consider both DBP and SBP? Data from the Framingham Heart Study indicate that SBP predicts future risk of heart disease more accurately than does DBP. This is especially true in

NHLBI Launches High Blood Pressure and Older Americans Education Campaign in May

May is National High Blood Pressure Education Month. It also is the start of a 3-year campaign to promote better blood pressure control among older Americans. The campaign is being launched by the NHLBI and the NHBPEP.

A key part of the campaign is a new clinical advisory that stresses the importance of reducing systolic hypertension among older Americans. Systolic blood pressure, unlike diastolic blood pressure, rises steeply with age. Inadequate control of systolic hypertension has contributed to an increase in deaths and hospitalizations from heart failure. The new clinical advisory, to be published in the May issue of *Hypertension*, recommends that "systolic blood pressure must become the major criterion for diagnosis, staging, and therapeutic management of hypertension in middle-aged and older Americans."

The campaign includes the launch of a new high blood pressure Web site, aimed at patients, physicians and other health care providers, health educators, and community organizations. The Web site, which will go online in May, will offer a host of patient education materials, including a newly revised fact sheet about high blood pressure, tips for controlling blood pressure, tips on how to remember to take medication, questions to ask your doctor if you have high blood pressure, and recipes from the DASH diet plan. It also will have a high blood pressure education community resource kit, complete with a press release, an infograph, and suggestions on how to make an impact in the community. The Web site will link to other relevant sites and (coming soon) offer opportunities for physicians to obtain continuing medical education credits. The Web site will be available through the NHLBI home page at www.nhlbi.nih.gov.

Other activities to boost awareness of systolic hypertension are a satellite media tour with the coordinator of the NHBPEP, NHLBI HealthBeat radio spots, and an NIH Radio News Service interview with high blood pressure experts.

So get started on your National High Blood Pressure Education Month activities and help spread the word about systolic hypertension.

"Using SBP and DBP together to make these assessments is still considered the best strategy."

people older than 60 years of age. Clinical trials in older persons with elevated SBP have shown that treatment of this common form of hypertension can substantially reduce risk for CVD. Such risk reduction offers great benefit in reducing death and disability due to heart disease in an aging population. Attempting risk reduction by including the lowering of SBP refines our ability to target those risk factors that can make a difference. Said Dr. Claude Lenfant, NHLBI director, "For years, treatment strategies have focused on lowering a patient's diastolic pressure, because diastolic pressure accurately predicted heart disease and stroke risk in younger patients. But this practice excludes the elderly, who tend to have higher systolic pressures and lower diastolic pressures—and who have the least controlled blood pressures of all patients."

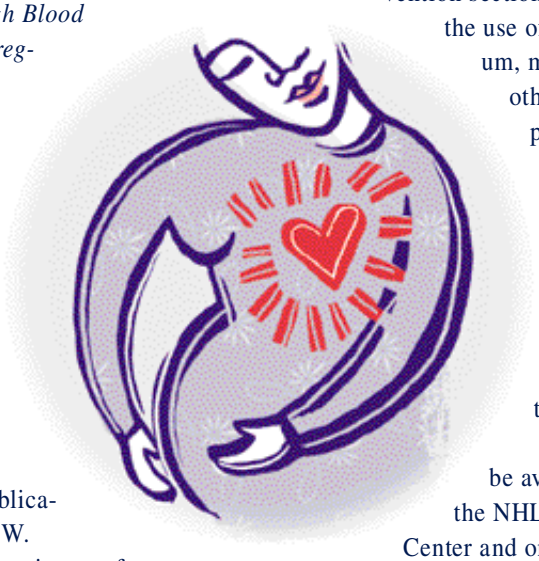
In the September 1999 issue of *Hypertension*, Dr. Henry Black, of Rush-Presbyterian-St. Luke's Medical Center, further encouraged a shift to use of both SBP and DBP, noting this "is not now a trivial issue." Also in that issue, Drs. Michael O'Rourke and Edward Frohlich, of St. Vincent's Clinic, Sydney, Australia, noted that a separate study of Framingham data (Franklin et al., *Circulation*, 1999;100:354-360) found that for persons older than 50 years, high pulse pressure was linked to mortality and, when systolic pressure was considered, diastolic pressure showed a negative association. O'Rourke and Frohlich recounted the 30-year history of evidence for a robust association between higher systolic pressure and CVD.

The NHBPEP is developing strategies to inform clinicians, patients, and allied health professionals about the importance of SBP. Health professionals involved in producing medical information and working in community health programs will have the task of describing to the public why SBP is important. The NHBPEP Coordinating Committee, which represents 37 national voluntary health organizations and 7 Federal agencies, is developing an advisory statement on the importance of SBP and pulse pressure, especially as these measures address older Americans.

In May 2000, NHBPEP will focus on the importance of managing systolic blood pressure (see the box on page 8).

Update on the Working Group Report on High Blood Pressure in Pregnancy

The *NHBPEP Working Group Report on High Blood Pressure in Pregnancy* was approved by the NHBPEP Coordinating Committee at its January 2000 meeting. The report will be submitted to a refereed journal for publication. Dr. Ray W. Gifford, Jr., emeritus professor at the Cleveland Clinic Foundation Department of Hypertension and Nephrology, is chair of the working group. The group includes obstetricians, gynecologists, ob-gyn researchers, and family practice clinicians. The report updates the 1990 *NHBPEP Working Group Report on High Blood Pressure in Pregnancy* and will guide clinicians in the identification, evaluation, and treatment of hypertensive disorders during pregnancy.



Medical professionals have been awaiting the new report, especially since new information from the 1990s focused attention on a need to revise the original. The working group has developed recommendations, aided by a review of the science base created since 1990. The report includes a revised definition of preeclampsia/eclampsia, changes in the classification of hypertensive disorders of pregnancy, and an expanded discussion of prevention and treatment. Treatment recommendations will address women with chronic hypertension who become pregnant and women who become hypertensive during pregnancy. The report presents clear recommendations on the use of antihypertensive medications during pregnancy. An expanded prevention section will address the use of aspirin, calcium, magnesium, and other dietary supplements during pregnancy.

Other new topics include postpartum counseling and research recommendations.

The report will be available through the NHLBI Information Center and on the NHLBI Web site (www.nhlbi.nih.gov).

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Spotlight on Performance Projects: Obesity Education Initiative

Hearts N' Parks Pilot Program Launched in 12 North Carolina Communities

Last summer, 12 North Carolina communities hosted the Hearts N' Parks Y2K pilot program, an innovative project in which community parks and recreation departments have integrated heart-healthy behaviors into new or existing community activities. The goal of the statewide pilot program is to increase the number of children and adults who engage in regular moderate-intensity physical activity and who follow a heart-healthy eating plan. Hearts N' Parks Y2K is a partnership comprising the NHLBI's Cardiovascular Health Promotion Program (CHPP), the National Recreation and Park Association (NRPA), North Carolina State University, and Southern Connecticut State University. (For more details, see last summer's issue of *HeartMemo*.)

The pilot project's kickoff event, which was held at the Mallard Creek Recreation Center in Mecklenburg County, North Carolina, featured an exhibition of Hearts N' Parks activities, including a day camp where lessons learned in the Child and Adolescent Trial for Cardiovascular Health (CATCH) study (see sidebar) were demonstrated, a fitness class for seniors, and a USA Tennis class.

The following activities for children and adults were among those held at the 12 North Carolina sites during the Hearts N' Parks pilot program:

- The Roanoke Rapids Parks and Recreation Department taught the basics of nutrition to children ages 4 to 6 at the FLIP (Fun for Little Interested People) camp. During an arts and crafts project, for example, the children were shown pictures of different foods and asked to choose the healthiest. In the department's "Aquacise" program for seniors, members met three times a week to practice a type of water aerobics accompanied by music.
- The Albemarle Parks and Recreation Department incorporated healthy snacks and health-related material into its existing summer day camp program for children. For adults, the department teamed with a local hospital to present the "Walk About" program, which combined walks around the county with health education and free screenings for blood pressure and blood glucose.
- The Garner Parks and Recreation Department focused on fitness and how to read food labels during a week at Camp Geko, a summer day camp for children. Participants in the "Keep the Beat…Circle Yourself in Health" senior fitness program kept a journal and received credit for prizes as an incentive to "keep the beat" for a healthier lifestyle.
- The Summer Youth Basketball League, a joint venture of the Raleigh Police Department and the Raleigh Parks and Recreation Department, incorporated Hearts N' Parks activities such as physical testing for players and offering them fruit and Powerade drinks.
- Staff from the Madison-Mayodan Recreation Department met with students in grades six to eight to discuss exercise and good nutrition. Students engaged in games such as "My Personal Pizza," in which they designed nutritious pizzas.
- The Mecklenburg County Parks and Recreation Department created a senior walking program in which participants walked from Charlotte to a local outlet mall. A nutritious lunch was offered during the activity. The department also incorporated a healthy lunch program into its summer day camp program for youth.
- The Winston-Salem Parks and Recreation Department presented a new healthy heart program at its Weed and Seed Summer Youth Academy. This involved healthy snacks, educational sessions, and instructions in physical activities.
- The Smithfield Parks and Recreation Department collaborated with a county health department and fitness center to provide a 6-week senior exercise program that offered blood pressure, cholesterol, and body-composition screening.
- The Wilson Parks and Recreation Department included dieting education in a summer sports day

This summer, Hearts N' Parks launches its nationwide program. For news on how you can get involved, keep an eye on the NHLBI Web site at www.nhlbi.nih.gov or call the NRPA at 800-649-3042.

camp program. The department also offered a drop-in weight and education program for adults.

- Parks and recreation departments in the towns of Fletcher and Greenville also offered, in partnership with local groups, summer camp programs including dieting and exercising education.
- The town of Hickory offered a new "kindergym" preschool program of activities for young children.

"Regular physical activity and heart-healthy eating habits are key to preventing and controlling overweight and obesity, high blood pressure, and high blood cholesterol—major risk factors for cardiovascular disease," said Karen Donato, coordinator of the NHLBI Obesity Education Initiative. "The NHLBI recognizes the many ways that community parks and recreation departments positively affect the well-being of people, and we were extremely pleased to join with NRPA to conduct the Hearts N' Parks Y2K pilot project in North Carolina."

The pilot project was evaluated with a process-and-outcome assessment, and the results were presented at the North Carolina Recreation and Park Society meeting in Charlotte November 13–17, 1999. Youth programs were found to be generally successful, with most showing improvement in nutrition knowledge and intentions to eat healthy foods in the future. The adult programs were somewhat less successful, although there were improvements in some variables at all the sites. Adult scores for healthy eating habits improved significantly overall.

Data collected from the park and recreation personnel revealed that the programs lent added value to existing activities, taught lifelong skills, and helped prove that change and positive impact can happen. Increased involvement in developing a new program raised staff morale and helped staff to plan and implement other programs. Many have planned additional Hearts N' Parks-related activities focusing on the benefits. All participants said they would recommend the Hearts N' Parks program to colleagues at other parks or agencies. They felt that they were doing something beneficial and important for the community and that Hearts N' Parks was an effective program with excellent materials. Visit the Hearts N' Parks Web site at the following address: http://hp2010.nhlbihin.net/hrt_n_pk/hnp_main.htm.

Teaching Health Care Workers About Obesity

The Centers for Obesity Research and Education (C.O.R.E.) conduct workshops to train physicians and other health care workers in managing obese patients. Begun in 1998, the program now involves operations in eight centers in seven states. The centers are leading research sites for obesity and offer expert educators and the latest clinical and behavioral research-based knowledge. The centers use the Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults—The Evidence Report, issued in 1998 by the NHLBI in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases, as the basis for much of their educational program. Knoll Pharmaceutical Company, of Mt. Olive, New Jersey, supports the effort with an educational grant.

The workshops, held monthly, feature interactive hands-on activities and give participants practical information and tools, which can be used immediately with patients. The C.O.R.E. curriculum treats obesity as a chronic disease, requiring ongoing treatment. Its developers have targeted the following goals: (1) to provide timely, relevant education and training about obesity and its management to primary

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Children Catch on to Heart Health Messages

The NHLBI-funded Child and Adolescent Trial for Cardiovascular Health (CATCH) study was the largest school-based health promotion study ever conducted in the United States. CATCH took place between 1991 and 1994 in four states (California, Louisiana, Minnesota, and Texas) and involved 3,714 students in nearly 100 ethnically and racially diverse elementary schools. Results of the CATCH followup study, conducted between 1995 and 1998, were reported in the July 14, 1999, issue of the *Archives of Pediatric and Adolescent Medicine*. (Results of the original study were reported in the March 13, 1996, issue of the *Journal of the American Medical Association*.)

The followup study assessed differences in diet, physical activity, and related health indicators among 73 percent of the initial CATCH participants when they were in grades six, seven, and eight. Compared with students in the control groups, CATCH participants who received the health promotion intervention in grades three through five maintained a diet significantly lower in total fat and saturated fat and continued to pursue more vigorous physical activity. These results indicated that children who learned heart-healthy behaviors in grades three to five continued to practice the behaviors for several years, often into middle school.

The National Heart Attack Alert Program

Can Informatics Help Improve Heart Attack Survival Rates?

You wake up on Sunday morning feeling "not quite right." You don't feel too bad, but you wonder if the tight sensation in your chest could have something to do with your heart. You turn on your home computer and place two adhesive pads on your chest. You have entered into your health care network. Within a few minutes, your heart rhythm has been assessed by a cardiologist, who advises you that the information indicates that you are in the earliest stages of a heart attack.

The system automatically contacts 9-1-1 and forwards your test results to incoming emergency medical technicians as well as emergency physicians and nurses who are awaiting your arrival at the hospital emergency department (ED). The thrombolytic therapy you receive 30 minutes later in the emergency department dissolves the clot in your artery before it has caused any serious damage to your heart.

Sound far-fetched? Not necessarily. The not-too-distant future could include access to this and other innovative technological applications.

Medical informatics, computer science, bioengineering, nanotechnology (technologies at the molecular scale), biochemistry, and other technological applications hold great potential for reducing or eliminating obstacles that hinder the rapid diagnosis and treatment of acute myocardial infarction (AMI). Accordingly, the National Heart Attack Alert Program (NHAAP) and the National Library of Medicine are collaborating in an initiative to support contracts that will explore the use of these applications to facilitate early recognition, diagnosis, and treatment of AMI.

These jointly funded projects are expected to include initiatives that will target telehealth and telecommunications, support for diagnostic and treatment decisions, medical records access, the use of large-scale databases, and innovative techniques for providing public, patient, and health care provider education. They will be directed at one or more of the following potential stages of delay:

- Patient and bystander recognition of and reaction to the symptoms and signs of AMI.
- Prehospital emergency medical services (EMS) proce is, the actions EMS w other health care prov before a patient's adn sion to the hospital.
- The in-hospital diagnostic and treatment activities of health care providers.

The NHAAP Coordinating Committee has identified a number of areas that are likely to b efit from the application informatics and other tec nologies. These include dence-based evaluation c diagnostic technologies, gies, and protocols for ic fying patients with acute cardiac ischemia; health care systems and community planning initiatives; improved dissemination of information for health care providers, patients, and the public; and mechanisms for helping emergency department physicians diagnose AMI (for example, telemedicine consultation, electronic decision support, and data repositories).

Additional information on the informatics projects, addressing issues of concern to the NHAAP, will be provided in future issues of *HeartMemo*.

Chest Pain Centers: More Than Just a Name

For patients with symptoms suggestive of acute cardiac ischemia (ACI), rapid diagnosis and

patient outcomes. Some treatments for ACI are time dependent and, when given early, more effectively lower morbidity and mortality rates. Accordingly, an important objective of the NHAAP is to decrease "symptom onset to treatment" delays for ACI patients.

More than 1,200 self-designated chest pain centers have been instituted by some emergency departments (EDs) across the Nation as their mechanism for providing comprehensive care for patients with ACI. An NHAAP task force used a national survey to evaluate the utilization, characteristics, and results of chest pain centers. The task force developed a position paper to describe its insights and conclusions, some of which follow:

- Chest pain centers can be an important resource for organizing the most appropriate setting for the evaluation and treatment of patients with symptoms of ACI. However, since there is wide variation in the practices of these self-designated entities, the content of the program for the evaluation and treatment of ACI is of greatest importance. The emergency care of patients with suspected ACI requires multidisciplinary, vertically integrated programs for the rapid evaluation of patients. These programs include the following elements:
  - A designated area of the ED equipped for assessing and monitoring patients potentially having ischemia, including standing orders for initial diagnostic and therapeutic actions.
  - A standing protocol indicating inclusion and exclusion criteria for reperfusion therapies, including provisions authorizing the assessing physician to administer thrombolytic therapy or to mobilize the catheterization lab for cases meeting specified criteria.
  - A clear delineation of responsibilities for all members of the reperfusion team.
  - Policies and procedures for the treatment and possible transfer of patients with ST-segment elevation AMI who are ineligible for thrombolytic therapy.
  - An established process for specifying the treatment plan and milestones for patients without ST-segment elevation who have high probabilities of ACI, as well as for those with ACI confirmed by ECG or biochemical testing.
- It is vital that the EMS team play a significant role in the identification and early treatment of symptomatic patients with possible ACI, because about one-half of patients with AMI are transported by ambulance. This involves, at a minimum, educating all members of the prehospital team about the importance of timely treatment. Depending on the local situation, it may also involve the field use of prehospital checklists for thrombolysis eligibility, the use of 12-lead electrocardiograms for transmission to the receiving hospital, and treatment with anti-platelet or anti-ischemic therapy and, perhaps, thrombolytic therapy.
- Many technologies for diagnosing patients with ACI in the ED setting have not been adequately studied for either diagnostic accuracy or clinical impact, and only a few have been found in prospective clinical trials to improve care. Accordingly, chest pain centers must be careful to implement only technologies for which there is evidence of benefit and safety. In addition, programs targeting the rapid evaluation of patients with suspected ACI need to be driven by continuous practice assessment and quality improvement initiatives. Chest pain centers can serve as the locus of, and provide the resources for, such efforts.
- Although the best means of conducting an outreach campaign are still under investigation, efforts to educate individual patients and the broader community at risk for acute coronary syndromes should emphasize the importance and benefits of responding quickly to the earliest symptoms and signs of possible AMI or unstable angina. The NHAAP also strongly recommends that patients with known coronary disease be taught by physicians and nurses about the symptoms of ACI and the steps needed to obtain the earliest possible treatment, including calling 9-1-1.
- Although more research into methods to facilitate the work of triaging patients with possible ACI is clearly needed, much of what is known has yet to be consistently applied. Whether or not they are called chest pain centers, hospitals offering programs consistent with the criteria outlined by the NHAAP serve as an important resource for the rapid diagnosis and treatment of patients exhibiting symptoms of ACI.

The NHAAP Position Paper on Chest Pain Centers and Programs for the Evaluation of Acute Cardiac Ischemia will be published in *Annals of Emergency Medicine* in the May 2000 issue.

The National Cholesterol Education Program

Cholesterol Lowering in Older Americans

"Keep the beat—cholesterol counts for everyone," the theme used for last September's National Cholesterol Education Month, conveys the idea that cholesterol consciousness is important for everyone's heart health—including older Americans.

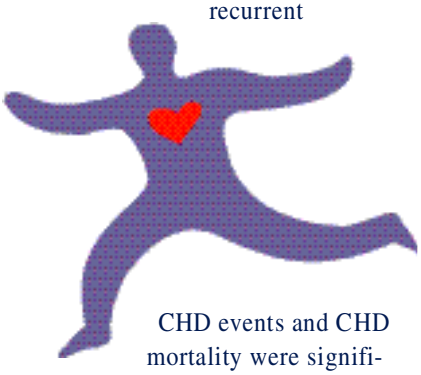
As a group, older Americans (those older than 65 years) have the highest rate of CHD and can benefit greatly from lowering elevated cholesterol levels. A new National Cholesterol Education Program (NCEP) report titled "Cholesterol Lowering in the Elderly Population" was published in the August 9/23, 1999, issue of the *Archives of Internal Medicine*. The report examines issues surrounding cholesterol lowering in the elderly and concludes that controlling cholesterol is of significant value in older Americans.

Why Cholesterol Lowering Is Important in Older Adults

High serum cholesterol is a major risk factor for CHD, which is the leading cause of morbidity and mortality in both older men and women. The majority of coronary events occur in those older than 65 years. Two-thirds to three-quarters of people older than 65 have either clinical CHD or subclinical ("silent") atherosclerotic disease. Cholesterol lowering in older adults with CHD can prolong and improve the quality of life and reduce the risk of heart attack or stroke. For seniors without CHD, cholesterol lowering reduces the high risk of developing it.

Cholesterol Lowering in Older Patients With CHD

The aim of cholesterol lowering in people with CHD is to decrease the likelihood of future events and improve the quality and length of life. There is ample scientific evidence to support the idea that cholesterol lowering in persons with CHD reduces morbidity and mortality. Clinical trials carried out between the 1960s and 1990s using various regimens to lower cholesterol produced a modest (10 percent) reduction in cholesterol levels. Meta-analysis of these trials showed that recurrent



CHD events and CHD mortality were significantly reduced by cholesterol-lowering therapy, with a strong trend toward a decline in total mortality. The results of the meta-analysis influenced the NCEP's second Adult Treatment Panel (ATP II) cholesterol treatment guidelines to place greater emphasis on cholesterol-lowering intervention in patients with CHD.

In the 1990s, angiographic trials (several of which employed statin drugs to produce large reductions in cholesterol levels) showed that cholesterol-lowering therapy, compared with placebo, usually slowed or, in some cases, reversed the progression of coronary lesions. In the treatment groups, new coronary events such as unstable angina and AMI were greatly reduced.

In three recent statin trials, the Scandinavian Simvastatin Survival Study (4S), the Cholesterol and Recurrent Events (CARE) trial, and the Long-Term Intervention with Pravastatin in Ischaemic Disease (LIPID) study, marked reductions in cholesterol levels were seen in the treatment groups. In 4S, patients older than 65 years in the treatment group showed significantly fewer total deaths and major coronary events. These results were similar to those observed in patients younger than 65 years. Similarly, older patients in the CARE and LIPID trials benefited as much as younger ones from cholesterol-lowering therapy. In these trials, both men and women benefited from cholesterol lowering.

Based on the aggregate results of these recent studies, cholesterol lowering among men and women ages 65 to 75 with CHD appears to be strongly justified. Among those older than 75 years, special considerations must be addressed. In patients with serious illness or multisystem disease, aggressive cholesterol management may not be a priority. On the other hand, a patient older than 75 years with CHD who is otherwise in good health is likely to be a good candidate for cholesterol-lowering therapy. Because of the marked differences in functionality and health status among older patients, clinical judgment plays a central role in treatment decisions. In most cases, older patients with CHD will need both dietary and drug therapy to lower a high cholesterol level.

Cholesterol Lowering in Older Persons Without CHD

Because the majority of initial CHD events occur after age 65, preventing the first event (primary prevention) in the elderly is especially important. For primary prevention, the NCEP recommends that older Americans follow heart-healthy eating habits, get regular physical activity, and maintain a healthy weight. In addition to reducing cholesterol levels, these measures can improve overall health by controlling blood pressure and preventing the development of type 2 diabetes. Recent scientific evidence concludes that cholesterol lowering in persons without CHD is beneficial.

In two recent statin clinical trials, the West of Scotland Coronary Prevention Study (WOSCOPS) and the Air Force/Texas Coronary Atherosclerosis Prevention Study (AFCAPS/TexCAPS), cholesterol lowering produced similar reductions in CHD rates in older patients and in younger ones. In WOSCOPS, total cholesterol levels were reduced by 20 percent, LDL-cholesterol levels by 26 percent, and major coronary events by 31 percent. There was no increase in noncardiovascular deaths, thus yielding a 22-percent reduction in all-cause mortality. Participants in the treatment group in AFCAPS/TexCAPS experienced a 25 percent decline in their LDL-cholesterol levels and a 37 percent reduction in major coronary events compared with those in the placebo group. There were no significant adverse effects from statin drugs in either WOSCOPS or AFCAPS/TexCAPS.

The general approach to cholesterol-lowering therapy in older men and women without CHD includes dietary therapy, increased physical activity, and weight control. In high-risk patients (for example, those with elevated LDL-cholesterol combined with other risk factors for CHD), drug therapy may have to be added to these life habit measures. In both men and women, other risk factors for CHD, such as smoking and high blood pressure, also should be controlled to lower the risk for CHD.

Cholesterol Testing in Older Americans

The NCEP recommends that all adults 20 years of age and older have their total cholesterol level measured at least once every 5 years. If accurate results are available, HDL-cholesterol should also be measured. The preferred setting for cholesterol measurement in older adults is a medical examination during which information about other CHD risk factors such as cigarette smoking, high blood pressure, diabetes, family history of early heart disease, obesity, and level of physical activity is obtained. The results of cholesterol testing together with assessment of other risk factors for CHD help identify candidates for cholesterol-lowering treatment. If an elderly patient is considered a potential candidate for cholesterol-lowering treatment—dietary or drug therapy—then cholesterol testing should be performed. In addition, identifying high cholesterol levels in an older patient can alert the physician to the possibility of elevated cholesterol levels in the patient's first-degree relatives, including middle-aged offspring.

Conclusion

Older adults have the highest risk for CHD and should be considered candidates for cholesterol-lowering therapy if indicated. Among older persons, LDL-cholesterol level, presence of other risk factors for CHD, and general health status should be considered when planning cholesterol-lowering interventions. Eating a low-saturated-fat, low-cholesterol diet, increasing physical activity, and achieving and maintaining a healthy weight are the cornerstones of therapy. In some cases, cholesterol-lowering medications also may be needed. Cholesterol lowering in older adults can enhance both the quality and length of life.

NCEP Launches Newly Expanded Interactive Cholesterol Web Site

As part of its activities for National Cholesterol Education Month in September 1999, the NCEP launched an updated and expanded version of its popular, award-winning Web site "Live Healthier, Live Longer." The site received over 55,000 hits during the month of September. The updated site features information about cholesterol lowering for people who want to prevent heart disease and for those who already have heart disease. The basic message is "cholesterol counts for everyone." The interactive site allows users to obtain information that is relevant to their own cholesterol levels and degree of risk for heart disease.

Popular features of the site include Create-a-Diet, heart-healthy recipes, health tips, information about physical activity, and answers to frequently asked questions. Practical information to help people lower their cholesterol levels, such as how much saturated fat and cholesterol should be in their diet, is presented in an enjoyable, user-friendly way. ■

The "Live Healthier, Live Longer" Web site can be found at www.nhlbi.nih.gov/chd.

The National Center on Sleep Disorders Research

New Physician Booklet on Restless Legs Syndrome

A person who reports unpleasant sensations in the legs and an irresistible urge to keep the legs in motion may have restless legs syndrome (RLS). The symptoms of RLS worsen during periods of inactivity—usually during the evening and night hours. Persons with RLS may experience disrupted sleep and an inability to tolerate sedentary activities. Although many people have not heard of RLS, between 2 and 15 percent of the population may experience RLS symptoms.

A new booklet titled *Restless Legs Syndrome: Detection and Management in Primary Care* is designed to help primary care physicians identify and treat patients with RLS. The National Center on Sleep Disorders Research (NCSDR) convened a working group on RLS as part of its educational activities targeting health care professionals. The working group was composed of sleep medicine experts, neurologists, movement disorders specialists, and primary care physicians. Members of the working group developed the booklet by examining the science on RLS and translating it into practical messages for primary care physicians.

The booklet defines RLS and discusses its consequences, prevalence, etiology, diagnosis, and treatment. At present, there are no specific screening tests for RLS, so it is important that physicians assess patients for sleep complaints and then follow with questions that can help identify RLS. The booklet includes suggested questions and provides clinical criteria to help physicians distinguish RLS from other conditions.

Patients with RLS usually obtain relief from their symptoms with drug treatment. Primary care physicians detect and treat RLS and provide emotional support to patients. Many patients live with the symptoms of RLS for years before it is diagnosed and treated.

The NCSDR published a factsheet about RLS for patients and the public in 1996. Facts About Restless Legs Syndrome is one in a series of NCSDR factsheets about various sleep disorders.

"Between 2 and 15 percent of the population may experience RLS symptoms."

The factsheets and the new RLS booklet are obtainable from the NHLBI Information Center and online at www.nhlbi.nih.gov.

New Sleep Web Site at NHLBI Site

The NHLBI has unveiled its latest Web site, devoted to sleep and sleep disorders. The site offers the public and health professionals the most up-to-date science-based information on sleep, sleep disorders, sleep research, and funding opportunities.

"Sleep research is advancing rapidly, and we want the medical community and the public to have timely access to the wealth of important, accurate information on sleep and sleep disorders that has been developed within the Federal Government," said NHLBI Director Dr. Claude Lenfant. "We also want to encourage more research in this field," he added.

By viewing the site, health care professionals and researchers can find up-to-date information on the diagnosis and treatment of sleep disorders, learn about activities of the Sleep Disorders Research Advisory Board, read about sleep-related grants and publications, and become informed about NIH program staff and reports.

The new NCSDR Web site provides news and information through fact sheets, an interactive quiz, public service announcements, and other features. It provides information about additional resources and lets visitors register to receive updates.

"Every American needs to understand the importance of obtaining adequate sleep and the risks of excessive sleepiness," said NCSDR Acting Director Dr. Michael Twery. "Our new Web site provides information that will help the public and health care professionals recognize the signs of common sleep disorders and the need for professional treatment. It will also encourage communication about sleep within the medical and scientific communities and ultimately lead to more research on sleep and sleep disorders," he added.

To visit the NCSDR site, go to www.nhlbi.nih.gov and click on the National Center on Sleep Disorders Research.

Spotlight on Performance Projects: Minority Projects

Your Heart, Your Life: A Health Promoter's Manual for Latinos

The NHLBI's Latino Community Cardiovascular Disease Prevention and Outreach Initiative, Salud para su Corazón (Health for Your Heart), has created a new program called *Your Heart, Your Life* for health educators in Latino communities. The program helps educators give Latinos knowledge, skills, and motivation to help them take action against heart disease.

Your Heart, Your Life features enjoyable, hands-on activities, which promotores de salud (lay health educators) can use to teach small community groups how to make lasting lifestyle changes that reduce the risk of heart disease. The program includes the following components:

- An easy-to-follow manual containing nine sessions. Each session, or lesson, focuses on an important topic, such as evaluating your risk for heart disease, being more physically active, high blood pressure and what you need to know about it, and healthy eating. Each lesson has five parts: introducing the session, conducting the session, weekly pledge, review of key points, and closing activity. The manual contains instructions, handouts, demonstrations, games, and role-playing exercises. It is available in English and Spanish. (#3674)
- A packet of picture cards that support each session in the manual. (#3275)
- A bilingual take-home fotonovela (cartoon storybook) and workbook to help participants create heart-health pledges. (#3646)
- A videotape of 60-second novelitas (dramas) in Spanish, which can help trigger discussions. These feature a Latino family making heart-healthy changes in lifestyles.

Many Latino communities look to lay health educators to provide vital information about health issues and ways to live healthier lives. These promotores are dedicated to improving the health of their community. Community members expect the promotores to have special qualities, such as being confident, pleasant, approachable, openminded, fair, and comfortable in front of a group. Such qualities lead to their success.

Said Matilde Alvarado, coordinator of NHLBI Minority Health Education and Outreach Programs and team leader of the Salud para su Corazón initiative, "The program provides culturally and language-appropriate tools to facilitate behavior change for the individual and his/her family. With promotores de salud having 'automatic access,' we believe the message will get to and have an impact on the heart of the community."

Order copies of *Your Heart, Your Life: A Lay Health Educator's Manual* and the other components through the NHLBI Information Center. (Call for prices.)

Three Communities Implement *Your Heart, Your Life*

The NHLBI has partnered with the National Council of la Raza (NCLR) to help Latino communities take action against heart disease. Trained promotores in three communities will use NHLBI materials in outreach activities to inform, teach, and motivate Latino families concerning heart-healthy behaviors. The projects are based in Escondido Community Center, in Escondido, California; Centro San Bonifacio, in Chicago; and Hands Across Cultures Corporation, in Espanola, New Mexico. The Metropolitan Life Foundation is funding the effort.

This collaboration brings together NHLBI's science-based Salud para su Corazón initiative and NCLR's extensive grassroots network for Latino health. The Community Alliance Working for Heart Health, a team of health professionals from local, state, and national organizations, will provide technical assistance.

The projects began with 4-day training sessions for promotores. Teresa Andrews, promotora from Escondido Community Health Center, attended the training sessions and commented, "We are equipped with the knowledge, skills, motivation, and materials to drive the message home to our community. We know that we will be supported throughout this journey by many professionals working with NHLBI and NCLR who understand and value our role as partners in outreach for communities."

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Training session for promotores.

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Asian American and Pacific Islander Project—Background Report Available

The Asian American and Pacific Islander (AAPI) Community Outreach is mobilizing families and communities to improve their heart health. A background report was developed by the NHLBI as part of an assessment to examine the needs and opportunities for cardiovascular health promotion for AAPIs. *Addressing Cardiovascular Health in Asian Americans and Pacific Islanders* provides an overview of the status of CVD among AAPIs and shares knowledge gained from successful community-based projects across the country. (#3647, $3.00 per copy.) Copies are being distributed to community-based organizations, state and local health departments, and other interested parties. The release of this report provides an opportunity to sustain community interest about the need to improve the heart health of AAPIs. A full-text version of the report is available on the NHLBI home page (www.nhlbi.nih.gov).

A national action plan addressing the cardiovascular health needs of AAPIs also is now available. It was developed as a result of the National AAPI Cardiovascular Health Strategy Workshop conducted by the NHLBI in May 1999. The action plan contains recommendations for health professionals to use to improve the heart health of AAPIs through community-based intervention, outreach, and community mobilization. Access the national action plan online at www.apiahf.org/cvd1.html.

These major documents strive to inform researchers, advocacy groups, health providers, and the community-at-large about the needs and opportunities for improving the health of AAPIs. The NHLBI is now moving to identify culturally and linguistically appropriate tools and materials to increase awareness about CVD and its risk factors among AAPIs.

Spotlight on Women

New WHI Brochure

In the eighth year of its 15-year mission, the Women's Health Initiative (WHI) has published an informative brochure that describes its national study of women's health. The brochure also presents strategies known to reduce risks for disease and lists questions a woman should ask her doctor regarding various health issues. It stresses that women need not wait until the results of the national study become available before taking steps to lower their risks and lead a healthy life.

The publication appears at a point where enrollment is completed, and organizers of the NIH-backed WHI can describe the many parts of its large, multifaceted investigation. Noted Dr. Jacques Rossouw, WHI acting director, "The WHI investigators have shown that they can enroll very large numbers of women. The next challenge is to keep participants engaged in study activities for many years. I am confident of success."

The WHI is studying how to prevent CHD, breast and colorectal cancers, and fractures that result from osteoporosis. One goal of WHI is to extend understanding beyond that obtained from earlier studies. For example, the earlier Postmenopausal Estrogen/Progestin Interventions (PEPI) trial found that hormone replacement therapy (HRT) can reduce some risk factors for heart disease. The WHI study is pushing farther to determine whether HRT and other strategies actually reduce the incidence of heart disease.

The 8-page brochure, titled *Facts About the Women's Health Initiative*, contains descriptions of the three parts of the WHI longitudinal study of women's health issues: the clinical study, the observational study, and the community prevention study. The first examines effects of HRT, calcium and vitamins, and diet strategies on disease. The second seeks predictors and biological markers for disease. The third tests ways to encourage women to adopt healthful behaviors.

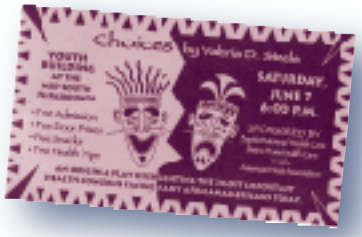
The WHI is a consortium effort led by the NHLBI in cooperation with the National Cancer Institute, the National Institute of Arthritis and Musculoskeletal and Skin Diseases, and the National Institute on Aging. To receive the brochure and obtain other information about the WHI, contact the NHLBI Information Center. (Single copy is free.)

Around the Nation

Stage Play Educates About Cardiovascular Risks

Three years after the cessation of NHLBI funding, many Stroke Belt Initiative activities (a series of NHLBI programs targeting the Southeast and described in *HeartMemo*, Summer 1997) continue to reap benefits. Many state and local agencies have adopted activities and incorporated them into their own programs. Other activities have survived independently. One such activity is the play Choices, developed within the Tennessee Stroke Belt Project. This educational drama continues to find new audiences 5 years after its debut in Nashville, Tennessee.

Choices, written by Valeria Steele, depicts an African American family making choices that affect its risks for heart disease and stroke. The play continues to receive support from local organizations throughout Tennessee, which want to bring its powerful messages to audiences in their communities. Besides Nashville, sponsors in Memphis, Jackson, Chattanooga, Knoxville, and Oak Ridge have promoted Choices. Television stations in Memphis and Nashville have run features on the play, helping to maintain interest.



Targeting persons living in the Stroke Belt, this staged drama (with humor) lasts 30 minutes and is routinely accompanied by presentations that further educate about risks of heart disease and stroke. For example, following performances, health advocates have presented receptions at which heart-healthy foods have been served and physicians and nutritionists have answered questions about diets and nutrition for African Americans.

Ms. Steele, the playwright, who said she "dreams of extending performances across the country," has received many

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("Healthy People 2010" continued from page 6)

Translating Healthy People 2010 Into State and Community Action

The Healthy People 2010 objectives are meant to promote healthy communities. Here are some suggestions for how to use the objectives for state and local activities:

- Determine the objectives most important to your area. Be specific and set easy-to-understand goals. Gather data to back up the need for action. These steps will encourage local businesses and politicians to buy into your plan. Two sources of data are: NHLBI's Healthy People 2010 Gateway, which has disease maps for local health areas (see the box), and the Healthy People 2010 Web site, which has links to national data sources such as the National Center for Health Statistics.
- Work with your local board of health. Local boards of health establish budgets and set priorities for health and other topics. To enlist its support, have a clear plan with measurable objectives and, if possible, partners to share the cost of proposed activities.
- Get the local Chamber of Commerce involved. It can help businesses share success stories, especially those about increased productivity and worker satisfaction because of worksite health promotion programs. For example, the Chamber of Commerce could arrange for a presentation to area businesses by a local company with a successful wellness program.
- Contact other local government agencies to help address public health concerns. For example, environmental barriers may be discouraging persons from becoming physically active. To increase the number of well-lit sidewalks, public health officials might work with their area electrical utilities and transportation agency.
- Check out the Healthy People 2010 toolkit. This toolkit was developed to help local public health professionals share best practices and address the Healthy People 2010 objectives. More information on the toolkit is available online at www.health.gov/healthypeople/state/toolkit. The kit can be ordered online at http://bookstore.phf.org.

("Stage Play" continued from page 19)

letters indicating her play's success in reaching its goal of changing people's behaviors. She noted, "People tell me that they have changed their lifestyles because of Choices."

Joan Clayton Davis, former staff coordinator of the Nashville component of the Stroke Belt Initiative in Tennessee, worked with area churches to set up risk reduction programs for their congregations. The health promotion teams in these churches looked for innovative approaches to communicate information about heart disease and stroke to church members. One church team came up with the idea of using a staged drama to make the information meaningful and relevant to the African American lifestyle. The team took the idea to Ms. Steele and asked her to write the play. The result was Choices, a successful blending of performance and messages that reflect African American experiences.

Ms. Steele plans to organize more performances in the Memphis area and to create a professional videotaped version of the play.

For more information about Choices, call Valeria Steele at 615-895-1529.

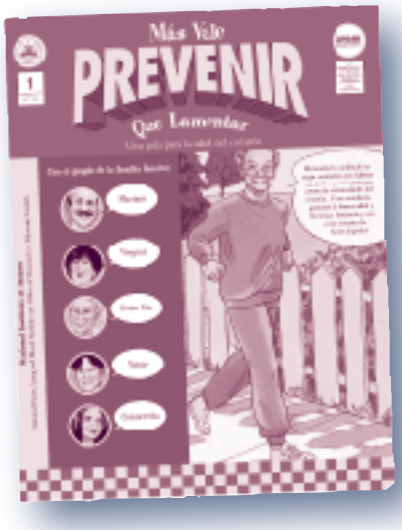
("Healthy People 2010" continued from page 4)

president of Morehouse University School of Medicine, looked back on Healthy People 2000. Surgeon General Satcher gave an overview of the current report.

Satcher then officially launched the new Healthy People campaign by presenting Shalala with the weighty two-volume report. He noted that much progress had been made since the first Healthy People report but cautioned that challenges remain. He and Shalala urged everyone to get involved and meet those challenges.

"This is a golden opportunity," Satcher said, "carefully disguised as a difficult problem."

New at the NHLBI Information Center



An Ounce of Prevention: A Guide to Heart Health (#99-3646, Spanish $2.00). An entertaining, colorful (comic-book style), bilingual guide presenting strategies for preventing heart disease. In a series of brief stories, it presents the Ramirez family deciding to make changes in their lifestyle to protect their hearts. Each of the stories includes a workshop segment in which readers can write personal pledges to improve their heart health and chart activities and progress. This document can be obtained from the NHLBI Information Center and is available on the NHLBI Web site.

Jumpstart Afterschool (#55-1036, Spanish, call for price). A colorful 25-page guide for parents and professionals working with elementary school children, featuring enjoyable, easy-to-follow activities to promote heart health and get kids moving. Heart-healthy recipes provide hands-on tasty snack activities. This guide can be used by teachers and recreational professionals in afterschool programs and summer camps and is an expansion of the NHLBI and NRPA Jumpstart program, begun in 1997. Make a difference in the future heart health of the children in your community. Order a copy today in Spanish from the NHLBI Information Center.

Please Note!

The NHLBI Web site links to the new Gateway with its new online catalog for viewing and obtaining NHLBI health education materials. Go to www.nhlbi.nih.gov and click on the Gateway and the catalog. You can also read *HeartMemo* and *AsthmaMemo* at the site.

("CVD Trends" continued from page 7)

Key among these were creating CVD prevention programs to target high-risk groups, delivering better practical information to physicians, providing training in CVD prevention to practitioners, reimbursing for preventive services, and forming community and other partnerships to facilitate research and public health promotion efforts.

Presenters spoke of the need for more comprehensive data in order to better track CVD and its risk factors, especially to improve the health of minorities and understand geographic differences in both CVD and its treatment. Speakers also said more research was needed on the role of socioeconomic status in cardiovascular health and on approaches to end health disparities based on race, ethnicity, and gender.

The conference chair, Dr. Thomas Pearson, of the University of Rochester School of Medicine in New York, said that both a summary article for a journal and a monograph of the proceedings would be published.

View Conference and Receive Education Credits

The National Conference on CVD Prevention has been approved for continuing education credits in health education. Certified health education specialists (CHES) may receive up to 17.5 credit hours in category 1. The conference is available online through the NHLBI Healthy People 2010 Gateway under "Distance-Learning Opportunities."

HeartNet

The following Internet sites have resources for both patients and professionals on the Healthy People Program:

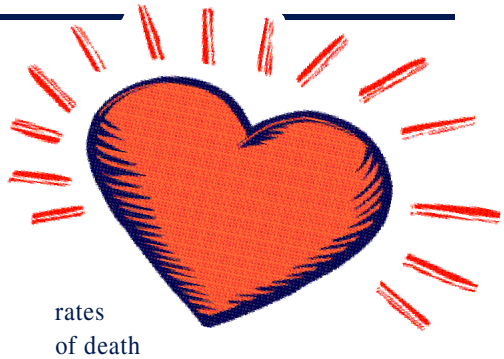
Healthy People initiative:
www.health.gov/healthypeople
www.health.gov/partnerships

Healthy People data:
www.cdc.gov/nchswww

Office of Disease Prevention and Health Promotion:
odphp.osophs.dhhs.gov/

("NHBPEP" continued from page 9)

JNC VI-South: Implementing the Hypertension Guidelines



When the NHBPEP Joint National Committee on the Prevention, Detection, Evaluation, and Treatment of High Blood Pressure released its sixth report (JNC VI) in 1997, there was a call to develop implementation plans to address concerns about declining awareness and control rates and alarming data indicating that mortality rates for heart disease and stroke may be changing for the worse. NHLBI Director Dr. Claude Lenfant, chair of the NHBPEP Coordinating Committee, said in the JNC VI foreword, "This national guideline should serve as a tool to be adapted and implemented in local and individual situations."

A number of clinicians and researchers in the Southeastern United States accepted the challenge to address needs for implementing JNC VI and organized a working group. Dr. Daniel W. Jones, of the University of Mississippi Medical Center and the American Heart Association representative on the NHBPEP Coordinating Committee, chaired the group.

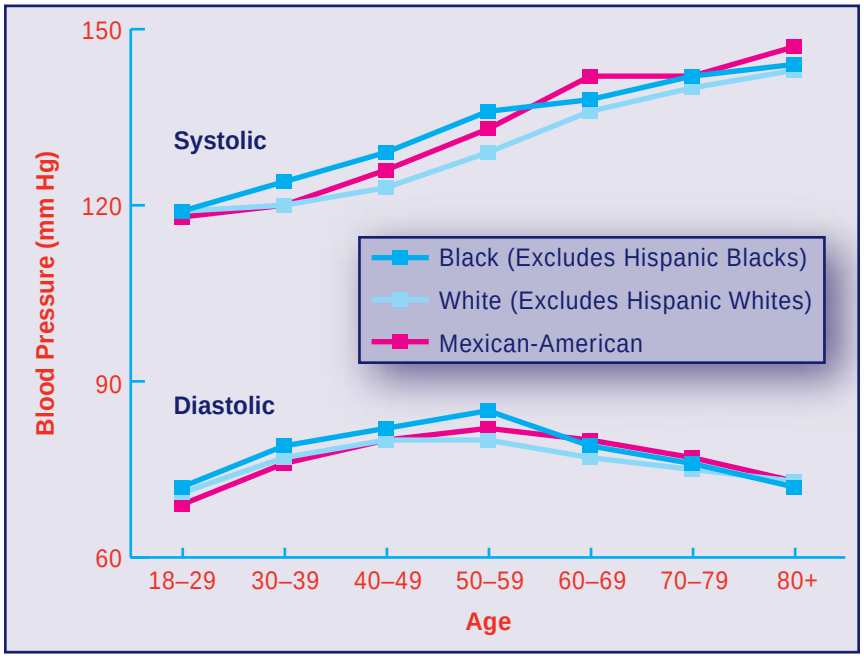
The Southeastern United States has been the focus of NHLBI initiatives in the past because of its high rates of death from stroke and heart disease. The region has been called the "Stroke Belt." Dr. Jones and his colleagues developed "Implementation of JNC VI in the Southeast," a plan that clinicians can use to improve hypertension control rates in the region. The initiative is being sponsored by the Consortium for Southeast Hypertension Control (COSEHC), a nonprofit organization created in 1992 by clinicians, researchers, and allied health professionals to address awareness and control of hypertension in the Southeastern United States.

The JNC VI implementation plan includes information for clinicians, activities to involve community health promotion groups, and a consumer message that will target patients, clinicians, and health care providers. The group plans to post the document, in a lay-language version, on the Web. JNC VI-South was published in the December 1999 issue of the *American Journal of the Medical Sciences*.

HeartFacts

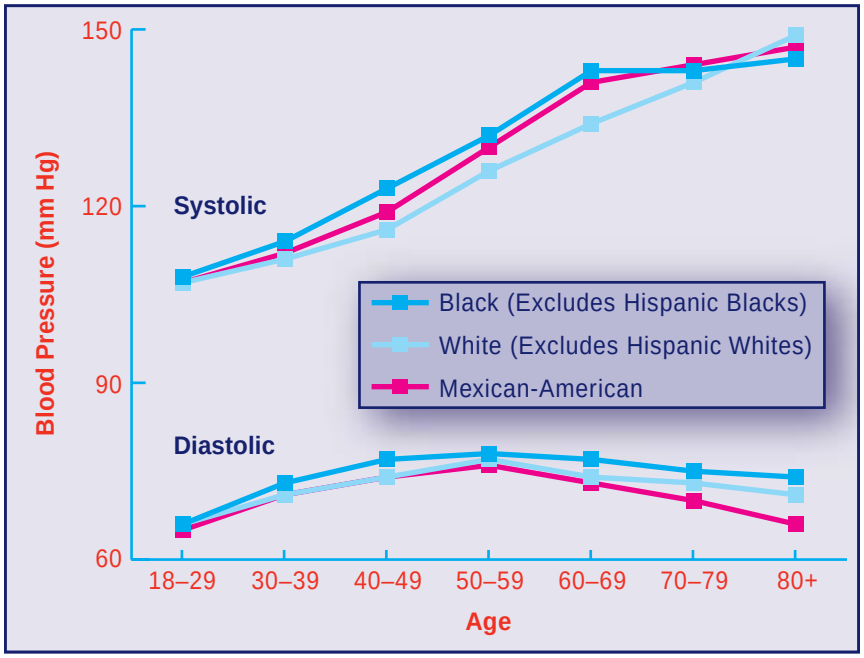
Systolic blood pressure (SBP) increases steadily with age, while diastolic blood pressure (DBP) rises until about age 50 and then declines (see story on page 8).

Mean SBP and DBP by Age and Race/Ethnicity for Men, Age 18 Years and Older



Source: Burt, V., et al. *Hypertension*, 1995; 25(305–313)

Mean SBP and DBP by Age and Race/Ethnicity for Women, Age 18 Years and Older



Source: Burt, V., et al. *Hypertension*, 1995; 25(305–313)

("NHLBI OEI" continued from page 11)

care physicians and other health care professionals in communities; (2) to be an educational and informational resource in the field of obesity, nationally and in individual communities; and (3) to raise public awareness about the problem of obesity and the risk of excess weight, including options for prevention and management in fostering health improvement.

Eleanor Meador, R.N., program coordinator at the Pennington Biomedical Research Center in Baton Rouge, Louisiana, one of the C.O.R.E. sites, noted that although all of the centers share a curriculum of slides and handouts, each is free to tailor its classes as it sees fit. She also said, "We use the NHLBI guidelines for obesity in the program. We disseminate the guidelines and look for best ways to implement them."

For information about C.O.R.E. workshops, contact the individual programs:

- Mayo Clinic, Rochester, MN (Kelly Dunagan)
- Minnesota Obesity Research Center, Minneapolis, MN (Heidi Hoover)
- New England Center for Health Education, Boston, MA (Susan Morreale)
- Northwestern Memorial Wellness Institute, Chicago, IL (Jennifer Smith)
- Pennington Biomedical Research Center, Baton Rouge, LA (Eleanor Meador)
- St. Luke's-Roosevelt Medical Center, New York, NY (Betty Kovaks)
- UCLA Center for Human Nutrition, Los Angeles, CA (Susan Bowerman)
- University of Colorado Health Sciences Center, Denver, CO (Bonnie Jortberg)

For more information, check the C.O.R.E. Web site at the following address: www.uchsc.edu/core.

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HeartMemo is a National Heart, Lung, and Blood Institute (NHLBI) publication for health professionals working in disciplines and settings related to cardiovascular health. *HeartMemo* reports on the activities of the NHLBI's national education programs, projects, initiatives, and research advances and on other news of interest to the field. Readers are urged to submit information on current treatment and prevention activities as well as research findings and activities.

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